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Title: Lust, trust and latex: Why young heterosexual men do not use condoms

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Abstract

This paper examines young heterosexual men's participation in unsafe heterosexual sex. A qualitative study of young heterosexual Australian men's understandings and practices of safe and unsafe sex, using in-depth interviews with seventeen men aged between 18 and 26, found that young men emphasise five principal themes in accounting for their non-use of condoms. First, men stress the risk of pregnancy rather than the risks of HIV or other sexually transmitted infections, and they respond to the former risk by relying on their partners' use of the contraceptive Pill. Second, men perceive that wearing condoms decreases penile sensation and that condoms are difficult to use. Third, men find that the 'heat of the moment' of sexual episodes, and their spontaneous and passionate ambience, makes it hard to incorporate condoms. Fourth, men privilege 'trust' as fundamental to their sexual involvements, and they quickly define involvements as 'relationships' and therefore as trusting and monogamous, such that they abandon condoms. Fifth, men believe that they are very unlikely to contract HIV because they see their social circles, the 'heterosexual community' or heterosexual sex per se as safe and free of HIV/AIDS. Future education and prevention efforts directed at the heterosexual sexual transmission of HIV should address such configurations of sociosexual meaning and practice in men's lives.

Introduction

Heterosexual men are participants in the sexual practices and sexual relations that lead to HIV transmission, yet only rarely in Australia has their role been subjected to health promotion efforts. The number of HIV/AIDS education campaigns directed specifically at heterosexual men is few. This absence is shaped partly by the nature of the epidemic in Australia, in that heterosexual sex accounts for only 10.5 percent of all cases of HIV transmission (and seven out of every ten cases among women) (NCHECR 2002).

Heterosexual men's invisibility, however, is also organised by the implicit privileging of masculinity and heterosexuality in constructions of HIV/AIDS policy and education.

Responsibility for sexual health is allocated largely to women, while heterosexual men's sexual practices and attitudes are taken as givens with which women must deal as best they can. Men play a crucial role in impeding or discouraging condom use in heterosexual sex, and men have an equally important role in its potential encouragement (Waldby *et al.* 1990).

In HIV/AIDS research on heterosexual sexual transmission, there are far more studies specifically on women than on men. On the one hand, this reflects feminist achievements in identifying AIDS as a women's issue (Richardson 1994) and encouraging analysis of how gender relations shape patterns of HIV transmission and efforts at prevention. On the other hand, men's absence reflects the status of maleness as normative and unmarked (Rutherford 1988: 22-23) and perpetuates women's traditional position as the gatekeepers and guardians of sexual health and sexual morality. Women's inclusion in AIDS policy and education is a valuable feminist achievement, and there are sound feminist reasons for directing attention also to heterosexual men.

A small body of research focused on heterosexual men's roles in safe and unsafe sex has emerged over the last decade in Western countries. In Australia, other than this study, there

are only three major qualitative investigations focusing on heterosexual men (Venables and Tulloch 1993, Waldby *et al.* 1993a, b, Grunseit 1998). In the UK, the Women, Risk and AIDS Project (WRAP) shifted in 1994 to include a Men, Risk and AIDS Project (Holland *et al.* 1994), and Wight has published a series of papers documenting his research with young heterosexual men (Wight 1993, 1994, 1996, 1999). There is a growing body of work on men's relationship to HIV/AIDS in developing countries, represented for example by Foreman's (1998) edited collection AIDS and men: Taking risks or taking responsibility?

The research described here aimed to answer the call of Waldby and others for a 'critical analysis of the sexual culture of heterosexual men' (Waldby *et al.* 1993a, Campbell 1995). Australia already has had a series of large-scale quantitative surveys of sexual behaviour in the general population, especially among secondary school and university students, a population made up largely of heterosexually identified and heterosexually active men and women. Yet to understand particular forms of sexual behaviour and the processes and contexts through which they are organised and given meaning, it is also necessary to use 'close-focus' or qualitative methods (Gagnon and Parker 1995). In the context therefore of an already substantial collection of quantitative Australian data on women's and men's condom use, and only a handful of qualitative studies of heterosexual men's sexual relations, I chose in-depth interviewing as the approach to use. Semi-structured interviews with seventeen men aged between 18 and 26 in Canberra, Australia were used to explore men's sexual practices and the meanings and sociosexual relations through which these are organised. Given that condoms are a key means of preventing the sexual transmission of HIV, I focus here on young heterosexual men's experiences and understandings of condom use and non-use.

Method

I aimed to interview ‘heterosexual men’, but defining this category involves complexities because of the sometimes contradictory relationships between sexual identity and sexual practice. There are men who identify themselves as heterosexual and yet regularly have sex with other men, as the category ‘men who have sex with men’ in AIDS education recognises, and there are men who have heterosexual sex and at the same time identify as gay or bisexual or queer. Neither group were my preferred research subjects. At the same time, I could not exclude men who have had sex with men, given that this is a relatively common aspect of heterosexual men’s experience especially in adolescence. Nor could I include only men who actively identify as heterosexual, because heterosexuality is naturalised, normalised and hegemonic, and it is possible that men who are exclusively or primarily heterosexual in their sexual practice may not actively identify as ‘heterosexual’. I also wished to exclude men who had never had heterosexual intercourse. The research sample therefore was defined as ‘heterosexually active men (aged 18-26) who do not identify as gay, homosexual, bisexual or queer’, and operationalised through a short questionnaire given to initial respondents.

The initial strategy for recruiting research participants relied on leaflets distributed in community centres, nightclubs and the Red Cross Blood Bank and included in the newsletters of two community organisations and a union, and advertisements in two community newspapers. These efforts produced only a negligible response. I then changed strategy in two ways. First, participants were offered financial reimbursement for their time (of \$15 Australia per hour). Second, ‘brokers’ in three institutional locations were used to assist in finding interviewees: the Warden and Senior Residents (older students who offer tutoring and personal support) of a residential hall on the Australian National University campus; a chaplain at the Australian Defence Force Academy, a military university; and a social worker at a local Youth Centre. The ‘brokers’ made my flyers available in their

respective locations. This strategy was far more successful. Seventeen men made up the final pool of research participants. All are from English-speaking backgrounds and all grew up in Australia. All the men reside in Canberra, Australia's capital, a small city of 300,000 people.

Each man was interviewed for an average of three and a half hours, usually over two sessions. Most interviews took place in my university office, and all interviews were taped and transcribed. Each man was asked about his life history, and asked to give a complete sexual and relationship history, from his first kiss to the present day. The men were asked a range of questions about their sexual and social relations. I enquired about a series of issues identified in the literature as important, including definitions of sex, notions of sexual control, sexual initiative, consent, monogamy and trust, drugs, and masculinity. Much of each interview was spent exploring the men's use and experience of condoms: what do they like about condoms and what encourages their use, what do they dislike and what discourages their use, and how has safe and unsafe sex been established or negotiated? The interviews generated 735,000 words of transcript. These were coded for key meanings and understandings and their relationships to sexual practices and sociosexual relations. The names and other identifying details of the research informants have been changed to protect their confidentiality, while I have retained the actual names of the Australian National University and the Australian Defence Force Academy.

In the interviews I adopted a neutral demeanour or one similar to that of the informants. At times I used typical forms of male-male talk to my advantage, participating in jokey banter when it was offered and laughing along with stories perceived as humorous by the story teller. The practice of drawing on my own familiarity with and embeddedness in masculinity and borrowing from the norms of culturally approved male-to-male relationships is similar

to that adopted by men doing anthropological fieldwork with men (McKegany and Bloor 1991: 199-200). I concealed my own critical analysis and rejection of patriarchal masculine and heterosexual practices, in effect condoning these when they were reported or enacted. My ethical discomfort at doing so was only mitigated by a pragmatic concern with interview rapport and trust and an awareness of the progressive political uses to which this research can be put. Men's research on men also involves the negotiation of tensions and fears to do with homophobia. In order to minimise the men's potential homophobic discomfort, in the interviews I 'outed' myself as heterosexual through casual comments on current or previous female sexual partners.

As a heterosexual man from an English-speaking background, I shared membership of these three broad categories of social difference with all the informants. I was also of a similar age, conducting the interviews at age 29, although unlike myself none of the men had completed university degrees and several had never attended university. While researcher and researched were well matched with regard to social location, this does not guarantee the production of 'better' data. Accounts given in interviews are negotiated constructions rather than repositories of a unitary truth, and the impact of multiple social relations in interviews is not easily predicted nor analysed (Phoenix 1994: 49-66).

Findings

The young heterosexual men in my study emphasise five main themes in accounting for their non-use of condoms, which are discussed below. The interviews find configurations of sociosexual meaning and practice among young heterosexual men which are at odds with the depictions of masculinity and masculine sexuality in the literature (Waldby *et al.* 1993b, Kippax *et al.* 1994, Wilton 1997). This suggests that a more thorough engagement with heterosexual

men's sexual lives is necessary in order to understand and influence men's roles in the HIV/AIDS epidemic.

Fear of fatherhood

Wilton (1997) contends that sexual reproduction forms the keystone of hegemonic narratives of gender and sexuality. For men, fathering a child is the ultimate proof of masculinity, while financial support of both wife and children is a primary index of masculine status. Such constructions of reproduction are a powerful hindrance to safe sex, given that condom use and non-penetrative sexual practices prevent pregnancy.

The research described here documents that there are other ways of constructing fatherhood, shaped by men's life-stage and economic position. Young men interviewed express a concern about the possibility of getting their sexual partners pregnant, emphasising their unwillingness to become fathers, especially at this stage in their lives. They stress the financial and emotional burdens of premature or unwanted fatherhood. Similarly, two-thirds of US adolescent males in the National Survey of Adolescent Males agreed that an unintended pregnancy would make them 'very upset' (Federal Interagency Forum on Child and Family Statistics 1998: Appendix D). As one man in my study comments, fear of impregnating a woman is 'a big phobia of mine. Because I just keep thinking, oh, 18 years of paying for a kid, you'd be screwed and getting nowhere in life.' Most men in the study represent their concern about pregnancy as more significant than their concern about sexually transmissible infections (STIs) or HIV, and this lay understanding is accurate in the sense that they are more likely to be involved in a pregnancy than in an episode of STI transmission. A similar prioritising of pregnancy over diseases is evident in relevant research among young rural Australian women (*Hillier et al.* 1999).

Some young men's reluctance to father children is informed by their investment in particular forms of sexual, emotional and economic life. Pregnancy can be interpreted as a terrible outcome which cuts short men's footloose ways and enslaves them in forced fatherhood and perhaps marriage. Tim tells of a male friend whose girlfriend became pregnant:

he has to marry her now. His career's basically destroyed... He has to have a land job... Because he wants to be with the wife and kid... It's just a crying shame. And, and it's every guy's worst nightmare... He was forced into it. He was a fuckin' lad and now, he's just lookin' after his pregnant girlfriend. Pregnant fiancée. And that, that is our worst nightmare.

Although some men construe their partner's pregnancy and their child's birth as proof of virility, some young men understand pregnancy as emasculating. Forced fatherhood curtails their occupational and sexual independence, as in Tim's story where a man's naval career and 'laddish' sexual freedom were sunk by his girlfriend's pregnancy. While men's enactment of a breadwinner role can accrue masculine status, as Wilton (1997) argues, premature fatherhood can work in the opposite direction, in thwarting young men's career ambitions whose fulfillment would also have earned masculine status.

Heterosexual men's desire to avoid pregnancy and fatherhood is a potential resource for safe sex, and does inform some men's use of condoms. Condoms are efficient prophylactics against pregnancy, and heterosexual men often use them for this purpose rather than to prevent HIV or STI transmission. However, this study found that young men typically deal with the risk of pregnancy by relying on their partners' use of the contraceptive Pill, in both regular and casual sexual relations.

The accounts given in the interviews reveal three problematic features to young men's reliance on their partners' assumed or actual use of the contraceptive Pill. First, there is

some men's assumption that women are using the Pill, either by virtue of being sexually active or because Pill use is seen to be common among the women in their institutions or social circles. A neat circular logic is evident in the understandings of some of the men interviewed, which goes as follows: 'Women who are sexually active or have had previous sexual partners are very likely to be on the Pill. I am going to have sex with this woman. Therefore she is sexually active. Therefore she is on the Pill.' Some informants perceive that women who do not request condom use, and women who 'threw (the condom) away or said don't worry about it', are even more likely in general to be taking the contraceptive Pill. Second, there is the practice of shifting from condoms to the Pill very early in sexual relationships. Third, some men commence unprotected intercourse after they and their partners have decided to adopt contraceptive Pill use but before the Pill has become effective. On the other hand, several research informants – all of whom are committed to condom use and have not had long-term relationships involving intercourse – were unsure about abandoning condoms in a long-term relationship with a partner on the Pill.

The second and third patterns are related to the symbolic status of entry into a 'relationship', and to the meanings of trust and monogamy which relationships invoke. Men's definition of their sexual involvement as a 'relationship' structures their willingness to discontinue or avoid condom use, typically in favour of the contraceptive Pill. Its influence is more important than men's beliefs about their STI and HIV statuses, the actual efficacy of the contraceptive method to which they turn after condoms are abandoned, and their negotiation of monogamy.

Latex, bodies and sexual choreographies

A second set of objections among the interviewees to condom use concern men's bodies and sexual choreographies. The young heterosexual men interviewed here claim that

condoms reduce their penile sensation. This complaint is widely recognised both in academic studies and popular culture (Chapman and Hodgson 1988, Siegel and Gibson 1988, Chapman *et al.* 1990, Ross 1992, Browne and Minichiello 1994), and it is often expressed in the description that having intercourse with condoms is akin to ‘taking a shower in a raincoat’ (Wyn 1991: 96). For example, Jake says that condoms ‘decrease sensitivity’, Oliver remarks that ‘Sex without [condoms] is far more, physically, pleasant’ and that he loses ‘a lot of stimulation’, and Tim stresses that they ‘definitely reduce the sensitivity’ — ‘there’s no better feeling than the inside of a girl’s, the inside of a female. There’s no better feeling. So, that, that can’t be replaced by a condom.’ The material presence of a thin layer of latex covering the penis does appear to influence men’s sensate experience of intercourse, in that men using condoms sometimes take longer to reach orgasm (Browne and Minichiello 1994) and the majority of male condom-users have experienced loss of erection during intercourse with a condom (Richters 1994).

Men’s experience of condoms as ‘desensitising’ is not the simple outcome of physiological and pre-social sensation, but informed by cultural meanings in a social context. As Reekie (1988: 35) writes,

Men interpret their bodily actions and functions (including those associated with sexual relations) both internally through their experience of their imaginary body ... and externally through the culturally determined values and meanings that become attached to their material bodies.

Widely circulating notions of the ‘shower in a raincoat’ and condoms as desensitising assist in the constitution of men’s bodily experience of condom use as diminishing penile sensation and postponing time to ejaculation. Having used a condom for intercourse only once thus far, the interviewee Nigel reports that the condom ‘was very restricting, and took away the

sensitivity'. At the same time, the social construction of bodily experience should not be emphasised so much that material bodies and the materiality of condoms themselves disappear from view (Ramazanoglu 1995). Using condoms involves men learning to appreciate different and sometimes less intense physical sensation.

Heterosexual men's complaints about 'showers in raincoats' demonstrate a privileging of the penis as an important site of sexual sensation and erotic pleasure. To the extent that these complaints inform heterosexual men's reluctance to use condoms, they confirm Wilton's (1997) argument that men's sexual pleasure is prioritised over women's (and men's) prophylactic and contraceptive safety. This privileging expresses the primacy of the penis and penis-in-vagina intercourse in constructions of male sexuality (Segal 1990, Fracher and Kimmel 1992). Yet not all men in my study supported such notions, with at least one interviewee emphasising that one's 'whole body' is involved in sexual pleasure and not just one's penis.

A second common complaint among the men concerning bodily choreography is that condoms are difficult to use. Ronald's account is typical:

first you got to open the thing up and then put it on, while you are still hard and still trying to kiss and play with each other at the same time ... and then the sex isn't as satisfying... So yeah I- I hate 'em.

Condom use is a learnt bodily skill, part of a wider sexual 'skilling' in sexual encounters. Other studies suggest that gaining skills in condom use enhances one's positive attitudes towards condoms, while problems such as condom breakage reduce confidence in the method and discourage its use (Lindberg *et al.* 1997).

Men can limit the likelihood of sexual transmission of HIV by adopting non-penetrative sexual practices as a regular or exclusive aspect of their sexual repertoire. But this possibility is prohibited by the meanings given to and the organisation of their sexual practices – or their ‘choreography’ (Connell and Dowsett 1992). In the accounts of the men in this study, three aspects of sexual meaning and choreography contribute to the primacy of intercourse. First, the role of penis-in-vagina intercourse in defining ‘sex’ was largely unquestioned, with the word ‘sex’ routinely used to refer specifically to this practice. Not all men though nominated intercourse as the most physically or emotionally desirable practice, with some nominating fellatio instead. Men’s privileging of fellatio could be used in AIDS education to encourage heterosexual men towards a broader repertoire of less risky practices including oral-genital sex. Second, for many heterosexual men, intercourse is seen as the inevitable and natural endpoint of a sequence of other sexual practices. Kissing, mutual masturbation and oral sex are understood as points along a sequence which leads necessarily or inevitably to intercourse. In this and other studies, this sequence of heterosex is evident both in heterosexual couples’ progression towards first intercourse (Kent et al. 1990) and in any single sexual episode between two partners who are sexually familiar with each other. Both sets of understandings make it more difficult for men to avoid HIV transmission by avoiding intercourse.

Finally, many of the men in my study emphasise that intercourse symbolises emotional intimacy between sexual partners. Intercourse represents intimacy and intimacy requires intercourse. Furthermore, condoms are seen to block the closeness expressed through the practice. One interviewee says, ‘when you actually are inside a person, you are as close to them as you’ll ever get.’ Another says, ‘There’s a feeling of intimacy that you have when you don’t have a condom.’ Such meanings are shared with women, and with gay men too (Kent et al. 1990, Davies et al. 1993, Waldby et al. 1993b, Gavey et al. 1999).

Hot moments

In accounting for their unsafe sex, the men in this study stress that condoms ‘kill the moment’ and interrupt the ‘heat of the moment’. They offer a vision of sexual episodes as spontaneous, irresistible and free of reflective consideration;

I didn’t put a condom on with her... I think I had them there but, it was the same sort of thing, heat of the moment. You just go for it...

In this construction of the ‘heat of the moment’, sexual encounters are seen to involve a particular psychic space or ‘moment’ that is passionate, sexually and emotionally intense, verbally silent, and unable to accommodate calm considerations of prophylaxis or of the possible consequences of the episode. The ‘heat of the moment’ is understood to thwart awareness or reflection about condoms or the prevention of disease transmission: participants ‘don’t even think about it until later’ and ‘it probably wouldn’t occur to me’. The ‘heat of the moment’ is ‘hot’ because it involves the literal heat of two bodies in physical contact and both participants are ‘hot’ in the thrall of sexual passion or lust. Condoms kill this moment: either condoms cannot be incorporated into the episode, or they are unwelcome intrusions which interrupt and spoil the moment.

The informants’ allegiance to the ‘heat of the moment’ is likely to be informed by contemporary Western ideologies of sexuality, in which sex is figured as a fundamentally irrational and ecstatic domain. Condoms represent the intrusion of the practical, responsible and mundane into a space that is impractical, irresponsible and ethereal. Sexual relations in general and heterosexual relations in particular are constituted through discourses of the ‘natural’ and the ‘biological’, and heterosexual desire is imagined as spontaneous and irresistible (Wilton and Aggleton 1991). While the ‘heat of the moment’ and similar notions are not exclusive to heterosexual men (Davies *et al.* 1993), they may be more likely in

heterosexual sexual relations given their underpinning by such constructions of heterosexuality.

The men in my study describe the ‘heat of the moment’ as a feature of both casual and regular sexual relations, although it is more likely as an account of one-off sexual episodes. It intersects with the common construction of ‘one-night stands’ as impulsive, spontaneous and lust-driven. A couple of men associate the ‘heat of the moment’ with being intoxicated. For example, Ronald stated that when having casual sexual relations with other cadets at ADFA he is unlikely to use condoms, and I asked whether he would think then about pregnancy: “it’s something I don’t think about in the heat of the moment. So it probably wouldn’t occur to me especially if I was pissed [drunk].” Alcohol’s role in unsafe sex is documented also in other studies of heterosexual men, among whom alcohol is seen to bolster a sense of invulnerability, act as a disinhibitor, and offer an alibi for sex without condoms (Venables and Tulloch 1993: 34-36, Waldby *et al.* 1993b: 253).

At first glance, the notion of the ‘heat of the moment’ seems similar to the notion of ‘male sex drive’, a biologically determinist construction often said in the literature to be defining of masculine sexuality. ‘Male sex drive’ discourse represents men’s sexuality as an uncontrollable or barely controllable force (Hollway 1984, Kippax *et al.* 1994, Wilton 1997). The research described here finds both empirical and conceptual overlaps between the ‘heat of the moment’ and ‘male sex drive’. The two notions are used together in several men’s accounts. For example, Jim accounts for an unsafe sexual episode as follows;

sometimes I got tempted not to use condoms... like me and this girl’s hormones have just gone overboard. We started kissing and then she started putting her hands everywhere. So did I and then, yeah...

Q. Yep. So you were tempted not to bother with a condom?

Yeah. Too horny! [Laughs] Fuck the condom!... we talked about it afterwards but it was just a heat of the moment thing when both hormones were going at the same time.

Similarly, in Scott's, Jim's and Tristan's accounts, the phrases 'heat of the moment', 'kill the moment' and 'heated up' are said alongside references to sexual drives and desires. Both notions suggest that the activation of male sexual desire – either in the form of 'drives' or 'heat' – makes condom use more difficult. In both, consideration of HIV- and STI-related risk is either overridden (through a powerful male sex drive) or absent (because of the character of the 'heat of the moment').

On the other hand, there are two important differences between these constructions. 'Male sex drive' locates the barrier to condom use in the sexual nature of the male participant, while the 'heat of the moment' locates the barrier in the sexual episode itself. While 'male sex drive' implies that male sexual desire is too powerful to stop and put on a condom, the notion that condoms 'kill the moment' implies that male (and female) sexual desire is too vulnerable to stop and put on a condom. The men in this study report that their difficulties in getting and applying a condom can cool desire or interrupt the sexual ambience such that they give up on the sexual encounter. If male 'sex drive' were so unstoppable, fumbling with condoms would not be such a problem. Paradoxically, the 'heat of the moment' and its potential disruption by condoms reveals the fragility and vulnerability of male sexual desire.

Trust and relationships

Research on heterosexual sex and sexual relationships has demonstrated that, particularly among young women, 'trust' and 'love' are central in defining the meaning of sexual involvements. In relation to safe sex, young women frequently 'trust to love', such that they regard condom use as unnecessary with a regular partner or within a 'relationship' (Moore

and Rosenthal 1993, Stephenson *et al.* 1994, Abbott-Chapman and Denholm 1997, Rosenthal *et al.* 1997, Warr 1998). Love and trust are implicitly prophylactic, and sex is constructed as 'safe' through its relationship with love (Rosenthal *et al.* 1998). This literature acknowledges that such ideologies and narratives of love and trust sometimes are shared across women and men, yet it is only in recent work by Wight (1996), Holland *et al.* (1998) and myself that the relationships between heterosexual men's own investments in trust and love and their safe and unsafe sexual practices are examined. My research echoes Wight's (1996) point that like women, men can occupy a subject position in the 'have/hold' or romantic discourses first identified by Hollway (1984).

The young heterosexual men in this study are typical of many young heterosexuals: they rarely use condoms in regular relationships and they often discontinue condom use early in their sexual involvements (Holland *et al.* 1991, Wight 1992). Many of the interviewees represent trust, monogamy and closeness as intertwined meanings which define sexual relationships. Trust is valued highly in sexual relationships, and trust is antithetical to ongoing condom use, especially if this is seen as related to the possibility of sex outside the relationship. The men interviewed quickly define sexual involvements with a particular woman as a 'relationship' within a few weeks, and relationships signify trust and monogamy, again rendering condom use redundant. For example, Tristan says that he supports the practice of initial condom use in a relationship as 'sensible' and as 'show[ing] respect for your partner'. He continues,

usually when I met a woman and we began to have sexual relations the condoms would be used for the first sort of half a dozen times or whatever, and then once it was clear that we were going to be in a monogamous relationship then the condom would come off.

Tristan gives an example of a recent two-year relationship, although here he and his partner in fact discarded condoms during their first intercourse. Tristan says that this ‘didn’t bother me so much because I guess you know I could see that I was going to have a long-term monogamous relationship with her,’ yet two weeks later he had intercourse with an ex-partner and he later contracted herpes from his long-term partner.

The young heterosexual men in my study report that they shift from condoms to reliance on the contraceptive Pill (or another method) early in their sexual involvements. Adam says,

Safe sex is okay, um, but it normally doesn’t happen. Um. If you go out with a girl, for more than a couple of weeks, you end up saying will you go on the Pill, and we won’t have to worry about condoms... if you’re in a relationship you usually don’t worry about it.

Only very rarely had Adam and others in the study explicitly negotiated rather than assumed sexual exclusivity or established each other’s STI status and serostatus.

Two patterns of sexual behaviour reported by the men in the study further demonstrate the symbolic power of beginning a ‘relationship’: abandoning condoms during the first occasions of intercourse in a sexual involvement, and commencing unprotected intercourse after deciding to rely on the contraceptive Pill but before it has become effective or has even been acquired. Finally, sexual practice alone can produce ‘trust’. From one man’s account, a sense of trust and sexual safety can be established even over the course of a single night.

Adam tells of a casual sexual involvement in which having had intercourse once, he and his partner then ‘didn’t worry about’ condoms for further episodes of intercourse that night, as the sex itself signified familiarity and trust. Having sex creates trust, and trust means sex without condoms.

Heterosexual men's understandings and practices of trust, fidelity and love overlap with women's, but they may not be identical. While some men in the study are as ready as many women to rely on 'trust' as their prophylactic strategy, there is less evidence that they are trusting to love. They rarely use the term 'love' in their accounts of foregoing condoms, and several add inverted commas when using the word to signal their ambivalence. This accords with other research which finds that men are less likely than women to construct sex in terms of love and romance (Rosenthal *et al.* 1998) and to stage romantic roles and experience a sense of self through romantic cultural scripts (Duncombe and Marsden 1995, Langford 1996). Dominant constructions of masculinity are said to emphasise emotional inexpressiveness and emotional incompetence among men (Doyle 1989, Sattel 1992). However, the gulf between young men's and young women's understandings of sex and trust may not be so vast, given the valuing of trust among research participants and the 'gender convergence' in reasons for having sex noted in other Australian research (Moore and Rosenthal 1993, Warr 1998).

Boundaries of sexual safety

In this study, one of the most powerful elements in some young heterosexual men's understanding of HIV/AIDS is their perception of their local contexts and communities as AIDS-free. Related to this is a perception of the 'heterosexual community' or even of heterosexual sex per se as 'safe'. Such boundaries of imagined safety are constituted by widely available discourses of AIDS as gay and heterosexuality as safe, and by the protection granted by particular institutions' regimes of HIV-testing and exclusion, but also by the actual low prevalence of HIV and AIDS. Most young heterosexual men in Australia believe that they are very unlikely to contract HIV (Lindsay *et al.* 1997), and some are relieved of the need to wear condoms for disease prevention by the perceived boundaries of safety described below.

A division between 'risk groups' and the 'general population' has been fundamental to the explanatory logic of dominant AIDS discourse, and evident in both heterosexual AIDS education and popular understandings of the epidemic (Waldby *et al.* 1993a). The heterosexual men in Waldby *et al.*'s (1993a) study identified unequivocally with the safe 'general population'. However, in this research the men from the Australian Defence Force Academy (ADFA) construct a conceptual division between safe and unsafe using the formal boundary of the institution in which they live and work, identifying with a safe institutional population which is distinguished from the potentially unsafe civilian population. The four men from ADFA claim that the institution is free from HIV/AIDS: all ADFA entrants are screened for STIs including HIV, ADFA personnel are tested annually (as part of their medical check-ups) for STIs, and those people who become HIV-positive are medically discharged. The men say that they are much less likely to use condoms if having sex with a woman from within ADFA. The STI-related boundaries of ADFA are more permeable than

the ADFA men envisage: personnel may become HIV-positive or infected with other STIs in the periods between annual testing and, as two interviewees' experiences confirm, ADFA men may contract sexually transmitted infections from sexual relations with women outside ADFA and thus potentially pass them on within ADFA.

Heterosexuality itself is seen by some men to grant immunity from HIV and other infections. Adam's condom use is confined largely to his casual sexual encounters and primarily oriented towards preventing pregnancy. He says,

with one-night stands, you're worrying about disease but, a, a relationship it's stupid... in the heterosexual community it's pretty rare that you'll catch a disease... clean sex, acts, in, just normal circumstances, very low chance of catching something

It is not merely an imagined 'heterosexual community', but the very sexual practices which constitute it, which are rendered AIDS-free in this construction. Adam's mention of 'clean sex acts' may represent long-standing associations of STIs with dirt and poor hygiene, and of homosexual sexual practices as 'unclean' and dirty and thus dangerous. It may also reflect the knowledge that unprotected anal intercourse, perhaps a 'dirty' sexual practice but one which is found in heterosexual as well as male homosexual relations, is a more effective route of HIV transmission than unprotected vaginal intercourse (Crofts 1992: 30).

Estimations of HIV risk made by young heterosexual men in Australia are shaped also by the social patterning of the AIDS epidemic itself. Australia's epidemic remains concentrated among gay and homosexually active men, with male-male sex accounting for 77.6 percent of the total 21,516 HIV diagnoses cumulative to 30 September 2001 (NCHECR 2002: 13). Exclusively heterosexual men in Australia rarely have personal contact with the epidemic, and they are far less likely than homosexually active men to have sexual relations with an

HIV-positive partner. In that sense, young heterosexual men's lay epidemiology is accurate. However, their beliefs in low HIV risk are grounded not only in their lack of proximity to the epidemic, but in problematic understandings of which women are risky, which contexts are safe, and under what circumstances one can safely forego or abandon condoms.

Heterosexual men's categorisation of women into two types, 'clean' and 'unclean', is identified in the AIDS literature as an important aspect of their strategies of risk management and prevention. Heterosexual men are said to distinguish between two types of women, 'nice girls' and 'sluts', and to take precautions only with the latter on the basis that 'unclean' women are sexually active and thus potentially infected (Venables and Tulloch 1993, Waldby *et al.* 1993a, Wight 1993). Four of the men in this research employ classifications of 'two types' of women, either to keep a sexual distance or to seek 'promiscuous' and stereotypically unattractive women as casual sexual partners. Yet such schemas have little effect on whether or not the men practise safe sex with particular women, in contrast to the findings of other studies.

Conclusions

Understandings of young heterosexual men's safe and unsafe sex require considerable re-working in the light of the results of this study. When the men interviewed here have unsafe sex with their casual or regular partners, they understand this through sets of meanings which have been only partially captured in existing theoretical accounts. Given the small number of men on which the analysis is based, it cannot be claimed that the patterns established can be generalised to all young heterosexual men in Australia, let alone to men in other countries and cultures. But the possibility that these configurations of meaning and practice are present in similar forms in the lives of other men deserves further investigation.

Education and prevention efforts directed at the heterosexual sexual transmission of HIV must engage with the sexual cultures of heterosexual men. This engagement reveals that while there are important understandings and practices among men which constrain condom use, there are also significant resources in men's lives for safe sex. In this study, young heterosexual men's motivations for condom use include understandings related to existing and even troubling constructions of masculinity and masculine heterosexuality, such as men's fear of premature fatherhood and interest in 'getting sex'. Other authors note similar actual or potential motivations for condom use among men, such as concerns for the welfare of their families and children, respect and care for their sexual partners, the construction of condom use as part of 'good sexual technique', and images of women as 'deadly seductress'.

Mobilisations of such understandings in the name of safe sex are vulnerable to the same criticisms as those made of existing HIV/AIDS education, that they are complicit in sexist and unjust formations of masculinity and heterosexuality. In HIV/AIDS education, the balance between short-term, pragmatically motivated approaches and the long-term aim of fundamental social change is a complex and contested one. In either case, strategies directed at heterosexual men will require a more thorough understanding of their sexual lives. Moreover, this project is a critical component of the broader undertaking of theorising the operations of sexual and gender relations.

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